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# TRADE SHOW ASSISTANCE PROGRAM APPLICATION

*This form cannot be saved online. If you wish to keep a copy to complete or save for later, do a "Save As" to your own computer. No area should be left blank. Any application received with missing/incomplete information will automatically be returned to the Applicant for completion.*

## APPLICANT INFORMATION

<b>Company</b>							
<b>Contact</b>				<b>Phone</b>			
<b>Address</b>				<b>City, State, Zip</b>			
<b>Email</b>				<b>Website</b>			
Will you be sharing the exhibit booth with another business?					<b>Yes</b>		<b>No</b>
Please check if applicable to your company:		<input type="checkbox"/>	Woman-owned	<input type="checkbox"/>	Veteran-owned	<input type="checkbox"/>	Other: Please list

## PRODUCT / SERVICE INFORMATION

<b>List the product/s or service you will promote at the show</b>	
<b>Explain how your business impacts the state economy</b>	e.g. provides jobs, uses local materials, etc.
<b>How many employees work for your company including yourself?</b>	

## CURRENT MARKETING STRATEGY

<b>Geographic Markets (areas you are currently selling in)</b>	e.g. local, Montana, Northwest US, National, International, etc.
<b>Type of buyers</b>	e.g. wholesale, distributors, manufacturers, retailers, consumer/public, etc.
<b>Promotional methods</b>	e.g. word of mouth, print advertising, radio advertising, direct marketing, website, events/trade shows, etc.

## TRADE SHOW INFORMATION

<b>Show Name</b>		<b>Location</b>	*must be outside Montana
<b>Dates</b>		<b>Type of show</b>	e.g. wholesale gift show
<b>Number of exhibitors</b>		<b>Number of buyers</b>	
<b>What is the show's target market area?</b>	e.g. Montana, Northwest US, Canada, etc.	<b>Type of Buyers</b>	e.g. wholesale
<b>Conference / event website</b>			

### TRADE SHOW EXHIBITION HISTORY

<b>Have you exhibited at this trade show before?</b> Only applications for first-time exhibiting are eligible.		Yes	No
<b>Have you exhibited at other trade shows before?</b>		Yes	No
Where and when?			

### TRADE SHOW EXHIBITION GOALS

(Make them specific, measurable, attainable, realistic, and have a timeframe/deadline; i.e.)

<b>Based on the information you have presented so far, how does this conference / event fit into your current strategy?</b>	e.g. this event hosts the type of buyers that we need to grow our company into the northwest US
<b>Goal #1</b>	e.g. To generate 50 leads from new prospects to be converted into 10 sales by January 1
<b>Goal #2</b>	e.g. To release new product line into the northwest
<b>Goal #3</b>	

### TRADE SHOW BUDGET

Please fill in an estimate of costs in all applicable fields below.

Expense		Estimated Cost	Expense		Estimated Cost
Exhibit Space			Freight & Drayage		
Exhibitor Badges			Exhibit Storage		
Graphics, Banners, Signs			Booth Labor (Show Contractor)		
Booth Furniture, Lighting			Utilities		
Floor Coverings			Data Collection (Card Reader)		
Other: (fill in →)			Other: (fill in →)		
Other: (fill in →)			Other: (fill in →)		
Other: (fill in →)			Other: (fill in →)		
<b>COLUMN TOTAL</b>			<b>COLUMN TOTAL</b>		
<b>GRAND TOTAL</b>					
<b>ESTIMATED REIMBURSEMENT AMOUNT (50%, up to \$2,500)</b>					

### BONUS ELIGIBILITY

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A. <b>For manufacturers:</b> are you a registered participant in the <a href="#">Made in Montana / Grown in Montana program</a> ? (\$200 bonus)		Yes	No		A.
B. <b>For tourism-related services:</b> do you have a listing with the <a href="#">Montana Office of Tourism</a> ? (\$200 bonus)		Yes	No		B.
					<b>Total Bonus</b>

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<b>Trade Show Reimbursement</b>	
<b>Travel Reimbursement</b>	<b>\$500</b>
<b>TOTAL AWARD AMOUNT</b>	

**CERTIFICATION**

On behalf of the organization identified in this application, I certify that the submitted application meets all the eligibility requirements for the Montana Department of Commerce Trade Show Assistance Program. I understand that no funds will be awarded to a project that is completed prior to written or electronic approval notification by Office of Trade & International Relations, of the Montana Department of Commerce.

The applicant hereby certifies:

- A. That the applicant will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
- B. The applicant is aware the Department must comply with certain state requirements, which may impact proposed projects. Department funded projects must comply with all federal, state and community licenses, permits, laws and regulations.
- C. To the best of my knowledge and belief the information contained in this application is true and correct and the governing body of the applicant has duly authorized the documentation.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Return the completed application to:**

Angelyn DeYoung, International Trade Manager  
ExportMontana  
PO Box 200505 | 301 S. Park Avenue  
Helena, MT 59620-0505  
406-841-2783 Fax: 406-841-2871  
[adeyoung@mt.gov](mailto:adeyoung@mt.gov)



**For helpful exhibiting and trade show tips,  
[click here.](#)**